			S FILED								
		SMALL EN	VTITY	OR	OTHER SMALL I						
TO	TAL CLAIMS	29				RATE	FEE		RATE	FEE	
FOR					NUMB	ER EXTRA	BASIC FEE	370.00	OR	BASIC FEE	740.00
TOT	AL CHARGEA	2 minus 20= *		•	9	X\$ 9=		20	X\$18=	·	
MOI	EPENDENT CL	AIMS	3 minus 3 =		. 0				OR		
AULTIPLE DEPENDENT CLAIM PRESENT						' — '	X42=		OR	X84=	
TOTAL OF CASEAL COUNTY HEALTH							+140=		OR	+280=	
Ift	he difference	in column 1 is	less than a	ero, ente	r "0" in (column 2	TOTAL		OR	TOTAL	
	C	LAIMS AS A	MENDE	D - PAR	TII					OTHER	
		(Column 1)		(Colu		(Column 3)	SMALL		OR	SMALL	
AMENDMEN! A		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA	RATE	addi- Tional Fee		RATE	ADDI- TIONAL FEE
	Total	. 29	Minus	* 0	99.		X\$ 9=		OR	X\$18=	
Į	Independent	• 3	Minus	151	3	=	X42=		OR	X84≖	
1	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM	=7			5	055	
							+140=		OR	+280=	
	•	- 1					TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
_		(Column 1)			mn 2)	(Column 3)					
۰ ا		CLAIMS REMAINING		NUM	HEST IBER	PRESENT	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
		AFTER AMENDMENT			OUSLY FOR	EXTRA	HAIE	FEE		PAIC	FEE
AMENDMENIO	Total	. 29	Minus	** 6	29	=	X\$ 9=		OR	X\$18=	
	Independent	• 3	Minus	250	3	2	X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM				O.,		
							+140=		OR	+280=	
							ADDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)					
5		CLAIMS REMAINING			HEST IBER	PRESENT		ADDI-			ADDI-
2		AFTER AMENDMENT		PREVI	OUSLY	EXTRA	RATE	TIONAL. FEE		RATE	TIONAL
AMENDMENIC	Total	*	Minus	RN		•	X\$ 9=	,	OR	X\$18±	
	Independent	•	Minus	***		*	X42=			X84=	
4	FIRST PRESE	NTATION OF M	ULTIPLE D	PENDEN	T CLAIN		A46=		OR		
							+140=		OR	+280=	
. #	the entry in colu	mn 1 is less than 1 mber Previously P	he entry in co	iuma 2, wii	e "O" in c	olumn 3. an 20. enter "20."	TOTAL		OR	TOTAL	
- (f the "Hinhest Nu	mhar Previously F	Paid For IN T	HIS SPACE	is less th	an 20, enter 20. an 3, enter "3." e highest number	ADDIT. FEE		•	ADDIT. FEE	

Application or Docket Number